

ENROLLMENT TELEPHONE SURVEY:  
Draft: November 18, 1996

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I. JOB DESCRIPTION  
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I.1 According to the information we were given by [fillin EMPLOYER], you are currently an employee of [fillin EMPLOYER]. Is that correct?

- <1> Yes
- <5> No [Terminate interview]
- <9> Refused

I.2. Do you usually work for [EMPLOYER] at least one-half of the time? How many hours per week do you usually work for [EMPLOYER]?

- <xx> Hours
- <a> No, works less than one-half time [Terminate interview]
- <8> Refused

I.3. Are you currently covered by a health plan or health insurance provided by [fillin EMPLOYER] other than Workers' Compensation?

- <1> Yes
- <5> No [Terminate interview]
- <8> Don't know
- <9> Refused

I.4. What is your current job title at [fillin EMPLOYER]?

I.5. What kind of work do you do at [fillin EMPLOYER]?  
What are your main duties at [fillin EMPLOYER]?

I.6. How long have you worked for [fill EMPLOYER]?

- <0> Less than one year
- <1-30> Number of years
- <x> 31 or more years [SPECIFY]
- <98> Don't know
- <99> Refused

I.7. How long have you been doing the kind of work you are currently doing at [EMPLOYER]?

Please include the work you did at [fillin EMPLOYER] as well as any previous jobs other where you were doing basically the same kind of work.

- <0> Less than one year
- <1-30> Number of years
- <x> 31 or more years (SPECIFY)
- <a> Don't know
- <b> Refused

I.8. Are you currently working for any other employers? In other words, do you have more than one paid position?

- <1> No [skip to next section]
- <5> Yes

I.9. How many different jobs do you currently have?

- <2> Two
- <3> Three
- <4> Four or more

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SOURCE:

- Items 1-3: RAND team
- Items 4-7: UCB Voc Rehab Survey
- Items 8-9: RAND team

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**II. RISK FOR WORK INJURY**  
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II.1. I'd like to ask you a few questions about your main duties at [EMPLOYER]. How often does your job require you to do repeated strenuous physical activities such as lifting, pushing, or pulling heavy objects?

- <1> Very often
- <2> Often
- <3> Sometimes
- <4> Never or almost never
- <8> Don't know

II.2. How often does your job require you to do repeated bending, twisting or reaching?



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III. JOB SATISFACTION/ATTITUDES TOWARD EMPLOYER  
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I'd like to ask a few questions about how satisfied you are with your job at [fill in EMPLOYER] and what your job is like.

III.1 First, how satisfied are you with your pay? Would you say you are...

- <1> Very satisfied?
- <2> Somewhat satisfied?
- <3> Somewhat dissatisfied?
- <4> Very dissatisfied?

III.2 How satisfied are you with your working conditions? Would you say you are...

- <1> Very satisfied?
- <2> Somewhat satisfied?
- <3> Somewhat dissatisfied?
- <4> Very dissatisfied?

III.3 How satisfied are you with your job responsibilities? Would you say you are...

- <1> Very satisfied?
- <2> Somewhat satisfied?
- <3> Somewhat dissatisfied?
- <4> Very dissatisfied?

III.4 How satisfied are you with your supervisor at [EMPLOYER]?  
Would you say you are...

- <1> Very satisfied?
- <2> Somewhat satisfied?
- <3> Somewhat dissatisfied?
- <4> Very dissatisfied?

Now, I am going to read you some statements that describe how you might feel about your job. I'd like you to tell me how accurate each statement is in describing how you feel about your job.

III.5. How about "My job allows me freedom to decide how to do my own work". Would you say that that statement is...

- <1> Very true for you
- <2> Somewhat true
- <3> Somewhat false, or
- <4> Not at all true

III. 6. How about "I get to take part in making decisions that affect me". Would you say that that statement is...

- <1> Very true for you
- <2> Somewhat true
- <3> Somewhat false, or
- <4> Not at all true

III.7. "My job requires that I make decisions on my own." Would you say that that statement is...

- <1> Very true for you
- <2> Somewhat true
- <3> Somewhat false, or
- <4> Not at all true

III.8. "I have a lot of say over what happens on my job." Would you say that that statement is...

- <1> Very true for you
- <2> Somewhat true
- <3> Somewhat false, or
- <4> Not at all true

III.9. How much would you agree or disagree with the statement, "[EMPLOYER] is concerned about my health and welfare"? Would you say that you...

- <1> Strongly agree
- <2> Somewhat agree
- <3> Somewhat disagree, or
- <4> Strongly disagree

III.10. How much would you agree or disagree with the following statement, "[EMPLOYER] provides a safe working environment"? Would you say that you...

- <1> Strongly agree
- <2> Somewhat agree
- <3> Somewhat disagree, or
- <4> Strongly disagree

III.11. How much would you agree or disagree with the following statement, "[EMPLOYER] is fair to me"? Would you say that you...

- <1> Strongly agree
- <2> Somewhat agree
- <3> Somewhat disagree, or
- <4> Strongly disagree



- <2> Very good
- <3> Good
- <4> Fair
- <5> Poor

Now I'm going to read a list of activities that you might do during a typical day. As I read each item, please tell me if your health now limits you a lot, limits you a little, or does not limit you at all in these activities.

IV.2. ...moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf. Does your health now limit you a lot, limit you a little or not limit you at all?

IF R SAYS S/HE DOES NOT DO ACTIVITY, PROBE: Is that because of your health?

- <1> Yes, limited a lot
- <2> Yes, limited a little
- <3> No, not limited at all

IV.3. ...climbing several flights of stairs. Does your health now limit you a lot, limit you a little, or not limit you at all.

IF R SAYS S/HE DOES NOT DO ACTIVITY, PROBE: Is that because of your health?

- <1> Yes, limited a lot
- <2> Yes, limited a little
- <3> No, not limited at all

The following few questions ask you about your physical health and your daily activities.

IV.4. During the past 4 weeks, have you accomplished less than you would like as a result of your physical health?

- <1> Yes
- <2> No

IV.5. During the past 4 weeks, were you limited in the kind of work or other regular daily activities you do as a result of your physical health?

- <1> Yes
- <2> No

During the past 4 weeks, have you had problems with...

IF R SAYS S/HE DOES NOT DO ACTIVITY, PROBE: Is that because of your health?

IV.6. Lifting or carrying groceries?

- <1> Yes, limited a lot
- <2> Yes, limited a little
- <3> No, not limited at all

IV.7. Opening jars, using keys or handling other objects?

- <1> Yes, limited a lot
- <2> Yes, limited a little
- <3> No, not limited at all

The following two questions ask about your emotions and your daily activities:

IV.8. During the past 4 weeks, have you accomplished less than you would like as a result of any emotional problems such as feeling depressed or anxious?

- <1> Yes
- <2> No

IV.9. During the past 4 weeks, did you not do your work or other regular activities as carefully as usual as a result of any emotional problems, such as feeling depressed or anxious?

- <1> Yes
- <2> No

IV.10. During the past 4 weeks, how much did pain interfere with your normal work, including both work outside the home and housework? Did it interfere...

- <1> Not at all
- <2> A little bit
- <3> Moderately
- <4> Quite a bit, or
- <5> Extremely

IV.11. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities like visiting with friends or relatives? Has it interfered...

- <1> All of the time
- <2> Most of the time
- <3> Some of the time
- <4> A little of the time, or
- <5> None of the time

The next questions are about how you feel and how things have been with you during the past 4 weeks.



items 6 and 7 which were drawn from the DWC Satisfaction Survey.  
The latter items are included in the SF-36.

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V. CHRONIC MEDICAL CONDITIONS  
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V.1. Now, I'd like to ask you about some common medical conditions that people can have. I'm going to read you a list of medical conditions. Please tell me whether or not you have had each condition during the past 12 months. That is, since [12 month date] one year ago, have you had...

1a. Diabetes?

- <1> Yes
- <5> No
  
- <8> Don't know

1b. Heart disease?

- <1> Yes
- <5> No
  
- <8> Don't know

1c. Asthma or another respiratory or lung disease?

- <1> Yes
- <5> No
  
- <8> Don't know

1d. Depression?

- <1> Yes
- <5> No
  
- <8> Don't know

1e. High blood pressure or hypertension?

- <1> Yes
- <5> No
  
- <8> Don't know

1f. Arthritis?



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VI. HEALTH INSURANCE COVERAGE  
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Now, I'd like to ask you a few questions about your health insurance coverage, your use of medical services, and your satisfaction with those services.

First, you indicated that you have health insurance coverage through [fill EMPLOYER].

VI.1. How satisfied are you with the out-of-pocket payments associated with your health plan? That is, how satisfied are you with the amount that you personally have to pay for care that you receive?

- <1> Very satisfied
- <2> Somewhat satisfied
- <3> Neither satisfied nor dissatisfied
- <4> Somewhat dissatisfied
- <5> Very dissatisfied

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SOURCE: Consumer Reports Health Insurance & Health Care (Item 2):  
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VII. SERVICE UTILIZATION  
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What about the medical services you have used in the recent past.

VII.1. In the past 12 months, were you ever a patient in a hospital overnight?

- <1> Yes
- <5> No

VII.2. About how long ago did you last visit a doctor's office or health clinic for your own health? Would you say...

- <1> Less than 3 months ago
- <2> Between 3 and 6 months ago
- <3> Between 6 and 9 months ago
- <4> Between 9 and 12 months ago
- <5> Between 12 and 18 months ago
- <6> More than 18 months ago

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SOURCE:  
Item 1 from MOS.  
Item 2 developed by RAND team.  
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VIII. SATISFACTION WITH MEDICAL CARE  
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1. All things considered, what is your rating of the health care you have received from all doctors and other healthcare professionals in the last 12 months. Would you say...

- <1> Not good at all
- <2> Not very good
- <3> Okay
- <4> Good
- <5> Very good, or
- <6> Excellent?

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SOURCE: Modified from CAHPS: Basic Questionnaire (Hays et al.).  
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IX. PREFERENCES FOR CONTINUITY-INTEGRATION OF MEDICAL CARE  
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People have different preferences for how they determine who they select to provide health care services. Some people like to have a single primary care provider who helps them to determine which doctors they will see when a special health need arises. Other people like to make their own decisions about when or who to see when they need special health care.

IX.1. Would you say that you prefer to make your own decisions about who or when to see a health care professional or do you prefer to have a single primary care provider who assists you by making some of those decisions for you? Would you say that you...

- <1> Strongly prefer to make all your own decisions
- <2> Somewhat prefer to make your own decisions
- <3> Somewhat prefer to have someone else make those decisions for you, or
- <4> Strongly prefer to have someone else to someone else make those decisions

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SOURCE:  
RAND team. We still need to develop this area. Is this item okay?  
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X. REASONS FOR JOINING HEALTH PLAN  
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1. Think back to when you first enrolled in the 24-Hour Coverage Program, how much did each of the following influence your decision?

1=Not at all

2=A little  
3=Some  
4=A lot

- 1a. Your coworkers?
- 1b. Your company's policy?
- 1c. Your immediate boss or supervisor?
- 1d. Your own preference?
- 1e. Your family?
- 1f. Something else? Please specify \_\_\_\_\_

COMMENT: Neil suggested that we might want to assess individual employee reasons for joining a plan (e.g. peer pressure, entire department decided, don't know). Initial search revealed no source of existing items, so Hays/Marshall developed this one as a placeholder. Any and all suggestions for improvement or new directions would be welcome.

NOTE: This item may not be quite what we wanted to get at. If we still want to pursue this issue, then we will need to sharpen our focus.

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XI. HISTORY OF WORK-RELATED INJURY & CLAIMING  
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XI.1. Have you ever experienced a *work-related* illness or injury that required you to take time off from work or to seek medical treatment?

PROMPT IF NEEDED: By a "work-related" illness or injury, we mean an illness or injury that was caused by your job.

- <1> Yes
- <5> No [Skip to next section XVI]
- <8> Don't know

XI.2. Have you ever filed a workers' compensation claim for a work-related injury or illness?

- <1> Yes
- <5> No
- <8> Don't know

XI.3. Which of the following best describe your injury? Was it a sprain or strain or other injury to a muscle or joint, a broken bone, a skin rash, a scrape or a cut, an eye injury, nerve damage (such as carpal tunnel or sciatica), a burn, did it result from exposure to chemicals or toxic materials, or some other kind of injury?

- <1> a sprain or strain or other injury to a muscle or joint
- <2> a broken bone





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XIII. DEMOGRAPHICS  
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I have a few more background questions and we'll be through.

1. What is your date of birth?

<xx> Month  
<xx> Day  
<xx> Year

2. CODE OR ASK AS NECESSARY:

Are you...

<1> male, or  
<5> female?  
  
<9> Refused

3. Which of the following best describes your race or ethnic group?

<1> Black or African American  
<2> Hispanic or Latino  
<3> Asian  
<4> White or Caucasian, or  
<5> some other group (SPECIFY)  
  
<9> Refused

4. What is the highest grade or year of school you completed?

<1> Eighth grade or lower  
<2> Some high school  
<3> High school graduate (or GED)  
<4> Some college  
<5> College graduate  
<6> Some graduate work or graduate school  
<8> Don't know  
<9> Refused

5. Are you currently married, living with someone in a marriage-like relationship but not legally married, separated, divorced, widowed, or have you never been married?

<1> Married  
<2> Living together but not legally married  
<3> Separated  
<4> Divorced  
<5> Widowed

